EDUCATIONAL PLAN

NOTE: If any question does not apply to you, put N/A (not applicable).

F/T Student	Program/Major						
Part-time Student	School						
Please complete the fo	llowing information:						
Name:							
	First Name	Middle Initia	al		Last Name		
Social Security Numbe	r: <i> </i> /		Phone:	/			
Mailing address_	Stree	ot/D O Dov					
	Siree	el/P.O. BOX					
City		State		Zip			
Date of Birth:	/ / day mo. yr.	Male	_ Fema	le			
Highest Grade Comple	ted: Elem. Grade	Grades 1-8	8	Grades 9-1	2		
High School Diploma_	GED	I	HSED				
Employed Full-time	Employed Pa	rt-time	Unemployed				
Hobbies/Interests							
	WORK EXPERIE	ENCE (List	current employ	ver)			
EMPLOYER	POSITION	;	START/DATE	END/DATE	WAGES		
·							
	LONG T	TERM GO	ALS				
What are your lor write them below.	ng term goals for the	next 2 to	5 years? T	hink about	t them and		
Start/date	Goa	I		Complete/	'date		

Obstacle: Solution to Overcome obstacle: Examples – housing, financial, transportation,						
	-					
	SHORT T	ERM GO	ALS			
These take days	/weeks or months to complete. Id	dentify yours:	:			
Start/date	Goa	ıl	Complete/date			
Obstacle	Solutions: Examples-o	Solutions: Examples-class materials, fees, remedial classes, tutoring				
OUTCOME:						
When will you gr	aduate:					
Are you conside	ring Continuing Education beyon	d your currer	nt program?			
Yes	Bachelors Mas	sters	PH.D			
No	Employment					
Where?						
PLEASE ATT	ACH YOUR COURSE SCHEE	OULE!				
I am comple	ting this form before the semeste	r begins and	will submit a course schedule at a later date.			
educational	n Advisor to develop the goal. In the future it may ur responsibility to notify	be neces	ssary to update or change your			
Signature of Stu	dent		Date			
			Date			
Signature of Trib	pal Education Counselor/Director					
			Date			
Signature of Adv	risor					